

DEPARTMENT OF HEALTH AND SENIOR SERVICES

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www.nj.gov/health

Governor

KIM GUADAGNO

Lt. Governor

CHRIS CHRISTIE

MARY E. O'DOWD, M.P.H. Commissioner

MEMORANDUM MMP 01- 2012

TO: All Alternative Treatment Center (ATC) Entities Seeking a Permit

to Operate Pursuant to the Compassionate Use Medical Marijuana Act

FROM: Medicinal Marijuana Program

DATE: January 23, 2012

SUBJECT: ATC Permitting Process

The Department of Health and Senior Services (the Department) is committed to the effective implementation of the New Jersey Compassionate Use Medical Marijuana Act (the Act) to make medicinal marijuana available as soon as possible, while ensuring the integrity of the program.

The Act authorizes the Department to issue a permit to an ATC if the Department determines that, among other things, issuing such permit is consistent with the purposes and requirements of the Act. To further the process in enabling the Department to make that determination, there are three forms that need to be completed. The first form – request for fingerprints is to be completed by every owner, officer, director, and employee of the ATC. The other forms – an ATC Permitting Request Form and two Personal History Disclosure Forms – are enclosed and must be completed by the ATC and certain individuals identified below.

For your convenience, each form contains detailed instructions. It is important that the information requested in each form submitted be complete and accurate. Failure to do so will impede the Department in completing the permitting process. No ATC will be issued a permit until all of the forms have been completed and submitted to the Department for consideration.

SUBJECT: ATC Permitting Process

General Tips for Completing the Forms

- A fingerprinting form must be completed by every owner, director, officer, and employee of the ATC. Please contact the Department at Formsmedicalmarijuana@doh.state.nj.us for additional forms. After completing the fingerprinting form, each individual should contact MorphoTrak, the vendor that will actually take the fingerprints and forward them to the New Jersey State Police, to schedule an appointment to have their fingerprints taken. The Department strongly suggests that individuals use MorphoTrak's website at www.bioapplicant.com/nj to schedule the appointment. Fingerprinting forms and the taking of fingerprints should be scheduled by every owner, director, officer, and employee of the ATC as soon as possible. Be advised that MorphoTrak charges for completion of the fingerprinting process.
- The ATC must complete one ATC Permitting Request Form. That form should be completed by an officer or authorized representative of the ATC as defined in the ATC Permitting Request Form.
- Personal History Disclosure Form 1 must be completed for all individuals identified by the ATC in Items 3, 5, and 7 of the ATC Permitting Request Form. At the Department's discretion, the Department may also require the completion of Personal History Disclosure Form 1 for individuals identified in Items 13 and 15 of the ATC Permitting Request Form. However, the ATC need not submit Personal History Disclosure Forms for individuals identified in Items 13 and 15 unless the Department so requests.
- Personal History Disclosure Form 2 must be completed for all individuals identified by the ATC as Medical Advisory Board Members.
- Please e-mail any questions concerning any of the forms to Formsmedicalmarijuana@doh.state.nj.us. The Department will post questions and answers at http://nj.gov/health/med_marijuana.shtml
- After completing the ATC Permitting Request Form and the required Personal History Disclosure Forms, please send via certified mail or courier/tracked delivery to:

Office of Legal and Regulatory Compliance New Jersey Department of Health and Senior Services 369 S. Warren Street, PO Box 360, Trenton, NJ 08625-0360

Fingerprint results will be sent directly to the Department from the State Police and FBI.

 It is recommended that each ATC retain a complete copy of all of the forms for its records.